



College of Operating Department Practitioners

FAQ – WORKING IN A WARD OR OTHER UNFAMILIAR ENVIRONMENT

Background

It is increasingly commonplace for ODPs to be asked to provide care in an unfamiliar clinical environment, such as the general wards or the emergency department. This is often in response to ‘winter pressures’ across the hospital and is usually because the perioperative staff are perceived to be generally available out of hours when there are no emergency procedures taking place in the operating department.

For this reason managers may view the perioperative staff as a wasted resource, especially at times when other parts of the organisation under severe pressure and short of trained staff for the volume of clinical activity.

One of the defining characteristics of the ODP profession is that ODPs are flexible and adaptable. The Scope of Practice for the profession is therefore difficult to define and ODPs may be found practising in a wide range of clinical roles and environments outside of the operating department, or indeed away from the traditional hospital setting. It is therefore difficult to argue that ODPs should not be called upon to provide care in other parts of the hospital at times of pressing need.

Key considerations

1. Professional accountability

The first and foremost consideration must be patient safety and the Health Profession Council’s Standards of Conduct, performance and Ethics and; Standards of Proficiency for ODPs, provide the framework to guide decision making in this area.. It is clear that each individual ODP is accountable for his/her own professional practice. A general ward environment is not the natural area of practice for an ODP and while there is nothing to say that an ODP cannot function in this area, it cannot be assumed that an individual is able to do so safely and in accordance with their Standards of Conduct, Performance and Ethics.

Standard 6 of the HPC Standards of Conduct, Performance and Ethics

“You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.

You must keep within your scope of practice. This means that you should only practise in the areas in which you have appropriate education, training and experience. We recognise that your scope of practice may change over time.”



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2. Primary responsibilities

The primary role of the perioperative team out of hours is usually to respond to emergency situations that require surgical and/or anaesthetic intervention, or the on-going care of a patient during post anaesthetic recovery. Members of the team should not undertake any roles that would prevent them from meeting the needs of any patient referred to their care.

Particular consideration should be given to the nature of the individual's role and the type of emergency that is likely to be referred to his/her care. For example, the role of the anaesthetic practitioner within the anaesthetic team is dedicated and he/she should not undertake any other duties that would prevent them from fulfilling their primary responsibilities. In addition, some types of emergency require a very rapid response. The standard for an emergency caesarean section is that the baby should be delivered within thirty minutes of the decision being taken to perform the procedure.

Standard 1 of the HPC Standards of Conduct, Performance and Ethics

“You must act in the best interests of service users.

You are responsible for your professional conduct, any care or advice you provide, and any failure to act. You are responsible for the appropriateness of your decision to delegate a task. You must be able to justify your decisions if asked to”.

3. Prior preparation

It is the nature of this issue that ODPs are commonly being asked to provide support away from the operating department at short notice and with little or no preparation. This increases the stress on the individual practitioner who may feel pressurised into undertaking a role that conflicts with points 1 and 2 above. Such situations do not support sound decision making and are more likely to compromise the principles of patient safety.

The College therefore recommends that hospitals should have in place an agreed escalation policy that sets-out in advance the circumstances which are likely to require members of the perioperative team to provide support outside of their usual role. This policy should incorporate the role expected of team members, the environment(s) in which they may be expected to work and points 1 and 2 above. Orientation to the environment, induction into the role and appropriate updates are essential requirements for each team member who may be called upon to participate.

The strength of the ODP is our flexibility and adaptability

Setting Standards, Education and Promoting the Development of the Profession

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Further reading

1. Standards of Conduct, Performance and Ethics – The Health Professions Council. July 2008
2. Standards of Proficiency for Operating Department Practitioners – The Health Professions Council. November 2008
3. The Anaesthesia Team 3 – The Association of Anaesthetists of Great Britain and Ireland. May 2010
4. 7th Annual Report of the Confidential Enquiry into Stillbirths and Deaths in Infancy – Centre for Maternal and Child Enquires. 2000